



TYRVAYA PATIENT SAVINGS OFFER REIMBURSEMENT FORM

Pharmacy couldn't process your Tyrvaya Savings Offer? No problem! You can still get your savings, if eligible!

If you're an eligible, commercially insured Tyrvaya patient whose savings offer hasn't been applied yet, complete this form to get your rebate check in the mail. Please see eligibility details and Terms and Conditions below.

Step 1: If you have not already done so, please visit tyrvayasavings.com to activate your savings offer card

Step 2: Fill out your information below

First Name: _____ Last Name: _____ Address: _____
City: _____ State: _____ Zip: _____ Phone Number: (____) _____
Email Address: _____ Date of Birth: _____ Gender: _____
Savings Card ID #: _____ Savings Card GRP #: _____

Step 3: Attach your pharmacy receipt as proof of purchase

This should include:

- Patient name and address
- Pharmacy name, address, and phone number
- Prescription or Rx #, fill date, and product name and strength
- Quantity, price, and/or copay amount paid

Note: Only pharmacy receipts that have the drug name are acceptable. Cash register receipts are NOT accepted.

Step 4: Send

Mail all information to:
Apollo Claim Submissions
623 W Lake St STE 140
Chicago, IL 60661

OR, for email submissions,
send all information to:
Tyrvaya@apollocare.com

We may reach out to you if we have any questions about your form. Please allow up to 4 weeks to receive your reimbursement. If you have questions, please contact (332) 334-2771.

For patients: By using this card, you confirm you meet the eligibility criteria and agree to comply with the Terms and Conditions set forth in the eligibility restrictions section below. For any questions pertaining to the use or processing of this copay assistance card, please call (332) 334-2771, Option 1 for patients, Option 2 for pharmacies (Monday-Sunday, 9 am-7 pm ET). Data rates may apply by individual mobile provider.

Eligibility restrictions: Limitations apply. Eligible, commercially insured patients with coverage for Tyrvaya pay as little as \$10, up to a savings maximum of \$275 for each 30-day prescription, and as little as \$10, up to a savings maximum of \$825 for each 90-day prescription. Patient is responsible for any out-of-pocket costs once monthly savings limit is reached. This Savings Offer expires 12/31/2025. Offer not valid under Medicare, Medicaid, or any other federal or state program. Offer not valid for non-insured/cash-paying patients. Oyster Point reserves the right to change or discontinue this offer at any time, without notice. See complete [Terms & Conditions](#) for details.

